

**PILOT QUALIFICATION
Minnesota Wing Civil Air Patrol**

Include required items (*) on all submissions. If this is an update of a previous form, enter just the information that has changed.

| | | | | |
|---|---------|---|---|--------------------------|
| LAST NAME * | | FIRST NAME * | | M.I. * |
| ADDRESS | | CITY | STATE | ZIP |
| HOME PHONE | | WORK PHONE | FAX | |
| E-MAIL | | PAGER | CELLULAR | |
| CAP S/N * | | | DATE OF BIRTH | |
| UNIT NAME * | CHARTER | RECORD LOCATION IF OTHER THAN HOME UNIT: | | |
| PILOT CERTIFICATE <input type="checkbox"/> STU <input type="checkbox"/> PVT <input type="checkbox"/> COM <input type="checkbox"/> ATP | | | INSTRUMENT RATING <input type="checkbox"/> YES | |
| AIRCRAFT RATINGS <input type="checkbox"/> SEL <input type="checkbox"/> SES <input type="checkbox"/> MEL <input type="checkbox"/> MES <input type="checkbox"/> GLDR <input type="checkbox"/> RTR <input type="checkbox"/> GYR <input type="checkbox"/> LTA <input type="checkbox"/> OTHER | | | | |
| INSTRUCTOR RATINGS <input type="checkbox"/> CFIA <input type="checkbox"/> CFII <input type="checkbox"/> CFIMEI <input type="checkbox"/> CFG <input type="checkbox"/> CGI <input type="checkbox"/> CGIA <input type="checkbox"/> CGIAI | | | | EXPIRES : |
| MEDICAL CLASS <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD | | | | DATE ISSUED : |
| TOTAL HOURS | | | TOTAL HOURS PIC | |
| INITIAL A/C GROUPS <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR <input type="checkbox"/> FIVE <input type="checkbox"/> SIX <input type="checkbox"/> SEVEN | | | | |
| MAKES / MODELS / DATES : | | | | |
| CURRENT A/C GROUPS <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR <input type="checkbox"/> FIVE <input type="checkbox"/> SIX <input type="checkbox"/> SEVEN | | | | |
| MAKES / MODELS / DATES : | | | | |
| CAP FLIGHT CLINIC | | GROUND LOCATION / DATE : | | FLIGHT COMPLETE DATE : |
| FAA WINGS | DATE : | LEVEL : | FAA SAFETY COUNSELOR (APC) <input type="checkbox"/> YES | |
| CHECK PILOT : <input type="checkbox"/> REGULAR <input type="checkbox"/> STAN / EVAL | | <input type="checkbox"/> MISSION <input type="checkbox"/> MISSION STAN / EVAL | | |
| NAT'L CHECK PILOT COURSE DATE : | | MISSION CHECK PILOT COURSE DATE : | | |
| CAPF 5 DATE : | | CAPF 91 DATE : | | BFR DATE : |
| <p align="center">CHECK PILOT CERTIFICATION - INITIAL AND SIGN BELOW AFTER REVIEWING</p> <p>AIRCRAFT QUESTIONNAIRE _____ FORM 5 WRITTEN EXAM _____ STATEMENT OF UNDERSTANDING _____</p> <p>"I HAVE REVIEWED THE APPLICABLE DOCUMENTS AND CERTIFY THAT ON THIS DATE THE ABOVE MEMBER HAS MET THE PILOT RECORD REQUIREMENTS SPECIFIED IN CAPR 60-1, SECTION 2-9, A - K".</p> <p>PRINTED or TYPED NAME : _____ CERT # _____ EXPIRES : _____</p> <p>SIGNATURE : _____ TODAY'S DATE : _____</p> | | | | |
| DATE SENT TO WING | | DATE RECEIVED AT WING | | DATE ENTERED IN DATABASE |